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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

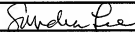
Application Number	10/785,207
Filing Date	02/24/2004
First Named Inventor	Modak et al.
Art Unit	1617
Examiner Name	Soroush, Ali
Attorney Docket Number	070050.2534

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Sandra S. Lee		
Date	03/04/08	Reg. No.	51,932

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number 10/785,207
Filing Date 02/24/2004
First Named Inventor Modak et al.
Examiner Name Soroush, Ali
Art Unit 1617
Attorney Docket No. 070050.2534

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Extra Claims Fee Fee Paid
Total Claims x 50 = \$0

Independent Claims x 210 = \$0

Multiple Dependent = \$0

SUBTOTAL \$0

Fee Description

Claims in excess of 20 50 25

Independent claims in excess of 3 210 105

Multiple dependent claim, if not paid 370 185

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee
☐ Non-English Specification
☐ Extension for reply within first month
☐ Extension for reply within second month
☐ Extension for reply within third month
☐ Extension for reply within fourth month
☐ Extension for reply within fifth month
☐ Notice of Appeal
☐ Filing a brief in support of an appeal
☐ Petition to revive - unavoidable
☐ Petition to revive - unintentional
☐ Utility Issue Fee
☐ Design Issue Fee
☐ Publication Fee
☐ Petitions to the Commissioner
☐ Request for Continued Examination (RCE)
☒ Information Disclosure Statement (IDS) \$180
Other fee -

SUBTOTAL (\$) 180

SUBMITTED BY

Name (Print/Type) Sandra S. Lee
Signature *Sandra S. Lee*

Registration No. 51,932
(Attorney/Agent)

(Complete if applicable)

Telephone 212-408-2500
Date 03/04/08

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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